and Front of Page 7 Toxic Substances Control Division Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No Manifest 2. Page 1 Information in the shaded areas Document No WASTE MANIFEST CL AX 1 010 10 101 is not required by Federal law. 3. Generator's Name and Mailing Address A. State Manifest Document Number 8 82936 F.M. Thomas 231 Gemini, Brea, CA B. State Generator's ID 4. Generator's Phone (714) 738-1062 1-800-852-7550 Transporter 1 Company Name C. State Transporter's ID US EPA ID Number F.M. Thomas D. Transporter's Phone 101 00 101 38 101 34 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address 10 US EPA ID Number G. State Facility's ID 200 Omega Recovery Services CIADIO19121214 12054 E. Whittier Blvd. H. Facility's Phone Whittier, CA ICI A DOI 4 221 45 101 0 O 12. Containers 13. Total US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Quantity Waste No. No. Type 00 State Hazardous Waste Liquid NOS NA 9189 GEZER (R-11)00 EPA/Other DM State EPA/Other State EPA/Other CENTER d. State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above b. 0 c. d. NATIONAL 15. Special Handling Instructions and Additional Information 出 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name SPILL. and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste OR EMERGENCY generation and select the best waste management method that is available to me and that I can afford. Printed (Typed Name Signature Month Day Year 17. Transporter 1 Acknowledgement of Receipt of Materials AN Printed/Typed Name Signature Month Day Year OF cky PORTE 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Yea: Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name

DHS 8022 A (1/88) (Rev. 9-88) Previous editions are obsolete Do Not Write Below This Line

Signature

White ISDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.Q. Box. 3000, Sacramento, CA 95812

Day

Year

Department of Health Services